

**Board of Veterans Services
Meeting Minutes
December 17, 2020**

A meeting of the Board of Veterans Services (BVS) was held electronically on Thursday, December 17, 2020.

Members Present

- Victor Angry
- Carl Bedell
- Paige Cherry
- Michael Dick
- Buddy Fowler
- Dan Helmer
- James Icenhour
- Thurraya Kent
- Lyla Kohistany
- Tammi Lambert
- John Lesinski
- Kathleen Murphy
- Kathy Owens
- Bryce Reeves
- Frank Reyes
- Marcus Simon
- Julie Waters
- William Ashton, Chairman, Joint Leadership Council
- Jack Lanier, 2nd Vice Chair, Veterans Services Foundation
- Linda Schreiner, representing the Virginia War Memorial Foundation
- John Maxwell, Commissioner, Virginia Department of Veterans Services

Members Absent

- John Bell
- Carl Bess
- Maime Locke

Commonwealth of Virginia Officials Present

- Jon Ward, Assistant Secretary of Veterans and Defense Affairs
- Steven Combs, Virginia Department of Veterans Services (VDVS)
- Claudia Flores, VDVS
- Thomas Herthel, VDVS
- Annie Walker, VDVS
- Brandi Jancaitis, VDVS
- Todd Barns, VVCC
- Ravi Padma, VDVS

- Michael Henshaw, VDVS
- Keith Wilson, VDVS
- Leanna Craig, VDVS
- Nicole Anderson, VDVS
- Donna Harrison, VDVS
- Tim Bowden, VDVS
- Gwendolyn Glover, VDVS
- Aaron Palmer, Office of Senator John Bell
- Chris Snider, Office of Senator Bryce Reeves
- Pam Seay, Virginia War Memorial Foundation

Materials Distributed as part of the Agenda Packet (sent via e-mail and posted on BVS webpage)

- Draft Agenda
- Draft Minutes of the November 13, 2020, meeting
- JLC 2021 Initiatives Summary
- JLC Chairman Letter to BVS
- Veterans Services Foundation Report
- Virginia War Memorial Report
- VDVS Operations Update
- Veterans Care Centers POC Report
- Transition and Outreach Report
- Justice Involved Veterans Report
- Veterans Treatment Dockets Report
- Rural Veterans POC Report
- Strategic Planning POC Report
- Budget and Legislation Presentation
- BVS Letter of Support Homeless Veterans
- 2020 Meeting Schedule

Call to Order and Pledge of Allegiance

Chairman Michael Dick called the meeting to order at 10:00 a.m., welcomed all attendees to the meeting, and gave a brief overview of how the meeting would proceed.

Chairman Dick led the Pledge of Allegiance.

Roll Call and Quorum Determination

The roll call determined a quorum with 21 of 24 members present.

Approval of Agenda

Chairman Dick asked for a motion to approve the agenda by unanimous consent. James Icenhour made the **motion, seconded** by Senator Reeves. Hearing no objections, the motion passed by unanimous consent. (The approved agenda is included as *Attachment 1* to these minutes).

Approval of Minutes of the November 13, 2020, Meeting

Chairman Dick asked for a motion to approve the minutes of the November 13, 2020 meeting. Senator Reeves made a **motion, seconded** by Delegate Fowler, to waive the reading of the minutes. Senator Reeves made a **motion, seconded** Delegate Murphy to approve the minutes of the November 13, 2020 by unanimous consent. The motion carried by unanimous consent.

Introduction of VDVS staff and guests

VDVS Chief Deputy Commissioner Steve Combs introduced the VDVS team members and other attendees. The names are recorded above.

Update on DVS

Chairman Dick asked VDVS Commissioner Maxwell to provide an update on the VDVS Operational Status. Commissioner Maxwell noted the groundbreaking ceremony for the Amelia Cemetery's \$5.2M expansion. He further commented on VDVS services and online appointment tool. Commissioner Maxwell provided an update on the Care Centers and commended the leadership and staff at both Sitter and Barfoot and the Virginia Veterans Care Centers for their strong diligence in containing COVID. He noted the two new Care Centers remain on track to open in 2022. Commissioner Maxwell highlighted his strategic goal of positioning the agency as a primary point of entry to services for Virginia Veterans and their families and his focus on workforce development. (See *Attachment 2*)

Chairman Dick thanked Commissioner Maxwell and asked for questions. No questions heard. Chairman Dick moved on to POC reports and turned the floor over to Ms. Thurraya Kent for the report on the New Veterans Care Centers

POC Report on New Veterans Care Centers (See *Attachment 3*)

Ms. Kent reported on the levels of care at each center and the eligibility requirements. She noted the Jones & Cabacoy and the Puller Veterans Care Centers are named after Virginia heroes. Ms. Kent provided an overview of the construction sites and the interior / resident courtyards. She noted authorization of the working capital advance from state treasury so no major capital investments need at this point. With respect to staffing, Ms. Kent commented that COVID may impact hiring if the competition for nursing care presents itself. Ms. Kent concluded and asked for any questions, no questions heard.

Chairman Dick thanked Ms. Kent for the report. Chairman Dick turned the floor over to Mr. Angry for the POC report on Transition and Employment.

POC Report Transition and Employment (See *Attachment 4*)

Mr. Angry noted 84 businesses that are V3 certified and Virginia is the only state in the country with a DoD approved Skill Bridge Program. He commented on benefits of outreach to include retaining transitioning service members and military spouses within the Commonwealth. He provided information on the MMAC program and outcomes. Mr. Angry provided outcomes of VTAP and noted 108,286 veterans /TSMs reached through outreach in 2020. Mr. Angry turned the floor over to VTAP Director, Nicole Anderson.

Ms. Anderson noted the DVS legislative initiative to codify VTAP services. She also

commented that a new data solution is needed to increase efficiencies. Ms. Anderson turned the floor back to Mr. Angry. Mr. Angry thanked the members of the Board and concluded the report.

Chairman Dick thanked Mr. Angry and Ms. Anderson for the report and asked for questions. Mr. Icenhour commented that he is on the Board of Supervisors for James City County and sits on the business side of the Chamber of Commerce. He noted the Chamber has a military affairs committee with which he serves. DS Jabs and Mark Gilman from V3 participate in this committee as well. He noted the committee has many relationships throughout the local military installations and local government that would be beneficial to DVS. He further noted 2 Commanding Officers and 2 Senior Enlisted from Yorktown Naval installation and the Coast Guard station.

Chairman Dick thanked Mr. Icenhour. Not further questions or comments noted. Chairman Dick asked for the POC report on Justice Involved Veterans by Senator Reeves and Mr. Cherry.

POC Report Justice Involved Veterans (See Attachment 5)

Senator Reeves noted great strides and successes with the Veterans Treatment work. Senator Reeves turned the floor over to Donna Harrison.

Ms. Harrison discussed the COVID-19 impacts and challenges to the Veterans Treatment Dockets to include the increased need for dockets in Virginia. She noted future strategic opportunities to include more peer-to-peer training for Judges. Ms. Harrison commented on the goal of Veteran Treatment Courts becoming more inclusive. She noted that nationally, there are populations that are over-represented in the criminal justice system but under-represented in the Veteran Treatment Courts.

Ms. Harrison turned the floor over to Senator Reeves. Senator Reeves thanked Ms. Harrison and further commented to his General Assembly colleagues that there will be nominal costs to get on the web-based program to identify veterans and to get the program into the patrol cars. Senator Reeves turned it over to Chairman Dick.

Mr. Cherry commented on the good work of Ms. Harrison and Senator Reeves. Chairman Dick thanked the Senator and Ms. Harrison and asked for questions. CDC Combs displayed part two of the POC report on the VVFS Justice Involved Services and asked Ms. Harrison to report.

Ms. Harrison provided an update on the role of the Veteran Justice Specialists Role. She noted supervision appointments are conducted virtually along with state-wide meetings. She noted the challenges of connecting with veterans in local jails and prisons because due to COVID. C&P in-person exams suspended for incarcerated veterans. Re-entry housing barriers is the greatest challenge.

Chairman Dick thanked Ms. Harrison and asked for questions. No questions. Chairman Dick commented on the strategic aspect of what the Board should consider with respect to these issues. Chairman Dick turned the floor over to John Lesinski for the POC report on Rural Veterans.

POC Report Rural Veterans (See Attachment 6)

Mr. Lesinski was joined by Leanna Craig, VDVS Western Regional Director. Mr. Lesinski provided an overview of VVFS and the services provided, and more specifically, the challenge in providing services in rural areas where resources and providers are less and further apart. Ms. Craig provided more detailed information on services provided through VVFS. Ms. Craig also noted the Mission Healthy Families and Mission Healthy Relationship workshops throughout the Commonwealth. VVFS connects veterans and their families to community resources. Ms. Craig noted itinerant sites to bring services to veterans, meeting the challenge of transportation for veterans in rural Virginia. She further noted a statewide transportation initiative with the goal of solidifying statewide transportation access for veterans to decrease barriers to services.

Mr. Lesinski commented on the work of the Veterans Services Foundation and its partnership with the Virginia Chamber and supplemental funding to help support services to veterans.

Ms. Craig provided an overview of challenges to provide services to rural areas due to COVID to include technological challenges. Many services are now provided virtually. She noted VVFS work with the VISR program and the focus on behavioral health.

Chairman Dick thanked Mr. Lesinski and Ms. Craig and asked if there are specific challenges in rural areas with women veterans. Ms. Craig commented women veterans often feel isolated and may not self-identify as a veteran. She further noted the first-ever virtual women veteran support group started by a VVFS Peer Support Specialist. Since it is virtual, women veterans can connect with other women veterans across the Commonwealth.

Chairman Dick asked for questions. Bill Ashton, Chairman of the JLC, asked Ms. Craig if VVFS worked with the VA Atlas Program. Ms. Craig commented that VVFS works with this program where it is established. Mr. Ashton commented on the DoD TAP briefings and asked what the state is doing to refresh the information for TSMs. Mr. Angry commented it might be something to address, noting the alumni approach of Ft. Belvoir.

AS Ward commented on what the state is doing with respect to this concern. He noted DVS identifies the TSMs planning to reside within the Commonwealth, and the state provides resource guides with good information to assist during and following a member's transition.

Mr. Bowden, VDVS, noted the VTAP program is specifically designed to address the issue to help TSMs navigate through transition. VDVS is the first point of connection and DVS walks alongside TSM through transition coordinators. Nicole Anderson noted the video on VTAP as a good overview.

POC Report Strategic Planning (See Attachment 7)

Chairman Dick is the point of contact for Strategic Planning and commented the strategic plan is a unified approach to services, identifying the mission, goals, and objectives to achieve goals. He noted the role and responsibility of the Board to review and advise the Commissioner on the strategic plan.

Chairman Dick asked CDC Combs to provide an update on where DVS stands with its internal review of the Strategic Plan. CDC Combs noted the Commissioner brought in the whole DVS team in the review. The goal of building the Compact is to unify the State's efforts to unify services with VDVS as a primary point of entry to services and earned benefits. Going forward into the Spring, Board POCs will work with VDVS leadership on specific points of the strategic plan for further development and will bring that information together for meetings in the June timeframe.

Chairman Dick noted Board POCs work with VDVS Service Line Directors and form task groups as needed in anticipation of meetings throughout the Spring and Summer. The target for completed work by the board is August to allow DVS to move forward with budget decision packages.

Chairman Dick asked for questions, none heard. POC reports concluded.

Chairman Dick moved onto item VIII on the agenda, Budget and Legislation for the 2021 General Assembly.

AS Ward highlighted the work of the National Guard in meeting challenges due to COVID in under-served and high-risk communities throughout the Commonwealth. AS Ward highlighted items in the Governor's introduced budget and reported many previously adopted items from the 2020 General Assembly, that had to be un-allotted by the 2020 Special Session, are included in the introduced budget for the 2021 General Assembly session. He reported that the introduced budget includes over \$700,000 to address the behavioral and health needs of Virginia's veterans and addresses outreach to women veterans.

Claudia Flores briefed funding will allow for three additional Veteran Peer Specialists and two Resource Specialists. Funding also allows funding two Veteran Service Administrators, and a Women Veterans Coordinator.

CDC Combs briefed the opportunity to tap into additional federal Medicare resources for bottom line operations at the Veteran Care Centers, up to a million dollars in additional revenue.

Claudia Flores briefed appropriation to support renovation projects at the Veterans Care Centers to include life safety projects. She noted two of the renovations funding to address pandemic needs.

AS Ward briefed funding for DMA to provide protective equipment involving civil disturbances and funding to assist with the oversight of workplace safety, employee health, and inspection of facilities. Funding also allows for the purchasing of a mobile command post. AS Ward briefed DMA's capital outlay budget items to include the Army Airfield flight control tower at Fort Pickett. Funding will also allow 45 readiness centers to be upgraded with new fire control systems.

AS Ward and Claudia Flores briefed DMA and DVS legislative initiatives.

Chairman Dick asked for comments or questions. None heard. Chairman Dick asked the legislative members for their comments and thoughts on items within the Governor's introduced budget.

Delegate Fowler commented on the meeting and the information provided, and thanked the Chairman. Delegate Helmer asked if the funding for the Women Veterans Coordinator position brings the funding up to the intended amount prior to the un-allotment. As Ward confirmed that it did. Delegate Helmer asked about the funding increase for the mobile command post. AS Ward commented it is not only due to the increased engagement of the National Guard's communication with law enforcement during civil disturbances, but also for natural disasters.

Senator Reeves commented the GAMVC will meet virtually during the General Assembly Session.

Chairman Dick moved to item IX on the agenda.

JLC Report

Chairman Ashton commented the three initiatives that were not originally supported by the BVS were modified per recommendations by the Board and highlighted the changes in each.

Chairman Dick asked the Board to find an opportunity to review the initiatives. Chairman Dick turned the floor to Mr. Lanier from the VSF.

VSF Report

Mr. Lanier reported the Moore Chapter donated \$16,000 to the Foundation. Mr. Lanier noted giving is down from last year. To date, the Foundation received \$75,000 with 206 contributors, down \$31,000 from last year with 264 contributors. Mr. Lanier reported information from the last VSF meeting to include an update on a grant status and work plan.

Virginia War Memorial Foundation

Ms. Seay commented the desire to widen and deepen donor the network and the desire to deepen the relationship with the broader public and state War Memorial staff.

Old Business

During the September 2020 meeting, the Board voted to send a letter to the VDVS Commissioner with a copy to the Secretary, emphasizing BVS concern for, and support of efforts to address the needs of Virginia's most vulnerable veterans. Chairman Dick presented the letter and asked for comments. Hearing none, the Chairman asked for a motion to approve the letter for forwarding. Senator Reeves made a **motion, seconded** by Delegate Fowler.

Chairman Dick asked for any objections. Hearing none, the letter is approved by unanimous consent.

New Business

Chairman Dick addressed the proposed schedule of next year's meetings. Four meetings are planned. The Work Plan identified the meeting dates and issues to be addressed.

CDC Combs commented the time in between meetings allow Board POC members to review the Strategic Plan and Compact. Chairman Dick noted the JLC Initiatives for 2022 and asked if the Initiatives will be ready by the August meeting. Chairman Ashton commented in the affirmative.

Chairman Dick asked for a motion to approve and adopt the 2021 meeting schedule and work plan. Delegate Fowler made a **motion, seconded** by Senator Reeves. Chairman Dick asked if there were any objections, hearing none, the motion carried by unanimous consent.

Good of the Order Report

No comment heard.

Public Comment

No comment heard.

Wrap Up & Adjournment

Chairman Dick extended best wishes for the holiday season. He asked for a motion to adjourn. Mr. Lanier made a **motion, seconded** by Mr. Angry. No objections heard, the motion carried by unanimous consent and the meeting adjourned.

ATTACHMENT 1
BOARD OF VETERANS SERVICES

AGENDA

ELECTRONIC MEETING

December 17, 2020
9:30 a.m. – 11:30 a.m.

- I. Opening and Pledge of Allegiance – *Michael Dick, BVS Chairman* (9:30 – 9:32)
- II. Roll Call and Quorum Determination – *Michael Dick, BVS Chairman* (9:32 – 9:35)
- III. Approval of Agenda – *Michael Dick, BVS Chairman* (9:35 – 9:38)
- IV. Approval of Minutes of the November 13, 2020 meeting – *Michael Dick, BVS Chairman* (9:38 – 9:42)
- V. Introduction of VDVS staff and guests – *Michael Dick, BVS Chairman* (9:42 – 9:45)
- VI. Update on current VDVS operational status – *John Maxwell, VDVS Commissioner* (9:45 – 9:55)
- VII. Point of contact reports (9:55 – 10:40)
 - a. Veterans care centers (Puller, Jones & Cabacoy) – *Thurrraya Kent, Dan Helmer, and John Bell*
 - b. Transition and Outreach Efforts – *Victor Angry*
 - c. Justice Involved Veterans & Veterans Treatment Dockets – *Bryce Reeves, Paige Cherry*
 - d. Rural Veterans – *John Lesinski*
 - e. Strategic Planning – *Michael Dick*
- VIII. Budget and legislation – 2021 General Assembly – *Michael Dick, BVS Chairman and BVS legislative members* (10:40 – 11:05)
- IX. Reports (11:05 – 11:25)
 - a. Joint Leadership Council – *William Ashton, JLC Chairman*
 - b. Veterans Services Foundation – *Jack Lanier, VSF 2nd Vice Chairman*
 - c. Virginia War Memorial Foundation – *Linda Schreiner, VWMF Chairman*
- X. Old Business (11:25 – 11:30)
 - a. BVS letter supporting homeless veterans programs (from September 16 meeting)

- XI. New Business: (11:30 – 11:50)
 - a. 2021 Meeting Schedule and Work Plan – *Michael Dick, BVS Chairman*
 - b. “Good of the Order” Reports – *all members*
 - c. Other new business – *as requested by members*
- XII. Public comment (11:50 – 11:55) – *Michael Dick, BVS Chairman*
- XIII. Wrap Up & Adjourn – *Michael Dick, BVS Chairman* (11:55 – 12:00)

ATTACHMENT 2

VDVS Operational Update



COMMONWEALTH of VIRGINIA

Department of Veterans Services

John Maxwell
Commissioner

Telephone: (804) 786-0220
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Virginia Department of Veterans Services Update for the Board of Veterans Services

December 17, 2020

VDVS continues to provide nearly its full range of services through a mix of remote/virtual methods (when possible) with face-to-face appointments.

We continue to experience lower numbers of veterans visiting our offices to file disability claims. Even though veterans are making contact with us through mail, email, and phone calls, the number of claims and documents submitted to the VA are down by about 35% this fiscal year. From our interactions with veterans, this data represents: a) some veterans choosing not to visit our offices; b) some veterans choosing not to mail documents to us; and, c) overall veterans' reduced access and desire to visit medical facilities to obtain evidence for claims.

We started using an online appointment tool in September and we have had over 900 appointment requests since rolling it out.

VVFS new client services are down 22%; however, services for current clients are up 305%, as they are tending to require more intensive services. Behavioral health services that generate new clients are highly dependent on community presence, and that has been a challenge since March 2020.

We have not seen a big uptick in homelessness, but we anticipate more veteran housing issues once the CDC eviction moratorium expires at the end of the year. Also, funding influxes to Supportive Services for Veterans Families (SSVF) through CARES Act allocations seem to have temporarily staved off evictions.

Military Cultural Competency Training continues to be successful. The VISR pilot concluded; one key metric from that very successful pilot: of the 2300+ SMVF screened by providers from Feb-Aug 2020 (the period for the pilot program), screeners found 30% of them at risk for suicide. The next step is to begin expanding the program and training, especially lethal means and military cultural training.

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www.dvs.virginia.gov

Interments at our cemeteries have increased; anecdotally, many of them are COVID-related. The expansion project at Amelia will commence in early-to-mid January 2021.

Last month, I updated you on the COVID outbreaks at both veterans care centers (VCC). Through great work by VCC staff and with some help from the VA, we have since contained the virus. We have not lost any additional veterans to COVID since the 2nd week of November. Currently we have no residents with COVID; we have one staff with COVID at VVCC and three staff with COVID at SBVCC. Census is down substantially (SBVCC: 75%; VVCC: 64% - nursing home/79% - domiciliary) and we are gradually pursuing admissions.

Construction on both new care centers continues with no major delays. Opening is scheduled for March 2022 and August 2022 for Puller VCC, and Jones and Cabacoy VCC, respectively. We will start hiring eight months prior to the opening dates.

We have continued a robust program of transition services through V3 and VTAP. V3 employers have hired over 10,000 veterans this CY and VTAP has reached almost 33,000 transitioning service members through multiple outreach venues. VTAP inquiries are up 63%, but services are down 11%. Not being on base due to COVID is reducing the number of veterans we are serving; however we have continued virtual hiring fairs in cooperation with the Virginia Chamber of Commerce. In addition, we participate in a program called Exec Vets Connect in which the Military and Veterans Affairs Committee of the Virginia Chamber of Commerce hosts a panel to address senior Transitioning Service Members' questions. In a sign that fellowships continue to be important, Hire Vets Now fellowship inquiries are up 285%; we have 13% more TSMs in the HVNFP pipeline and we have 50% more employers.

Our State Approving Agency and Virginia Military Spouse and Dependents Education Program (VMSDEP) are going strong. We do not expect issues meeting our contractual requirements for compliance surveys this Federal Fiscal Year and the number of VMSDEP applications is steady.

The Women Veterans Program increased the number of veterans engaged by 21%; the program has also seen 50% more partner referrals over last year. We are connected with the US Department of Veterans Affairs Women Veteran Program and are planning for our next Women Veterans Virtual Summit in June.

At the Virginia War Memorial, the number of visitors is down this year. However, the virtual educational opportunities are expansive and we regularly present interesting and pertinent content. Unfortunately, we recently closed the interior portions of the War Memorial to the public for several days due to a COVID case there.

We realize that COVID-19 will present challenges for the agency in 2021. Below are items that need regular attention:

- Safety of clients and staff while providing in-person services;
- PPE expenditures are substantial and require detailed budget planning;
- Veterans' awareness of our services: we are a need-based organization and if veterans are not aware of us, we cannot meet their need.

- Because of COVID, we are not in the common physical spaces where veterans and their families normally reside. This makes our outreach efforts more labor intensive as we try to create word of mouth through phone calls, virtual sessions, and emails.

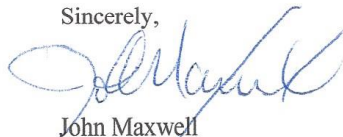
While we work to deliver our services to the best of our ability, below are our priorities for calendar year 2021:

- Safely and effectively delivering our services to our clients;
- Creating an inclusive environment that results in high quality of work, opportunities for professional development, and balance for VDVS teammates
 - o We will begin a professional development program within the agency;
 - o Continue to build on a culture that sees our actions and activities through a lens of equity, diversity, and inclusion.
- Prepare VDVS for short-term (1 year) and long-term (2-5 years) provision of services
 - o Position VDVS to be a primary point of entry for Virginia's veterans and families, so they can connect to federal, state, and community resources.
 - o Revise our Compact with Virginia's veterans so that the agency remains focused on meeting the near and long-term needs of veterans and families who call Virginia home;
 - o Improve accessibility so that all Virginia veterans can use our services if desired;
 - o Continue to build partnerships that improve services for Virginia's veterans and families;
 - o Ensure we can absorb additional budget perturbations that may rise due to COVID 19.

The Virginia Department of Veterans Services remains committed to Virginia's veterans and their families. We look forward to working with the Board of Veterans Services and other partners to find ways to enhance our services and their delivery.

Best wishes for a safe and enjoyable holiday season.

Sincerely,



John Maxwell

ATTACHMENT 3

BVS POC REPORT – NEW VETERANS CARE CENTERS

1. Date of Report: December 17, 2020
2. BVS POC(s): Thurraya Kent, John Bell, Dan Helmer
3. Service Area/Program: New Veterans Care Centers
4. VDVS Director/Program Manager: Chief Deputy Commissioner Steven Combs
5. Mission of service area/program (i.e. what does it do?):

The Commonwealth of Virginia is constructing two new veterans care centers (also referred to as state veterans homes):

- ☐ Jones & Cabacoy Veterans Care Center, Virginia Beach, 128 beds
- ☐ Puller Veterans Care Center, Fauquier County, 128 beds.

The Virginia Department of Veterans Services (VDVS) will operate the new veterans care centers (VCCs) in a manner that

- a) Provides veteran residents with exceptional care in a home-like environment and
- b) Enhances their sense of well-being.

To achieve this goal, the VDVS will:

- ☐ Take a whole person approach that focuses not just on providing physical health care to residents, but also providing recreational, therapeutic, and social opportunities that contribute to overall physical and mental health;
- ☐ Operate the care centers as symbols of the Commonwealth's commitment to her veterans; and
- ☐ Serve the greatest possible number of veterans by maintaining the highest practical facility census at state veterans care centers

6. Who does the service area/program serve (i.e. who are the customers)?

The new VCCs will serve veterans of the armed forces who received an honorable discharge and who currently reside in or entered the armed forces from Virginia.

Three types of care will be provided:

- a) Skilled nursing care;
- b) Alzheimer's/memory care; and
- c) Short-term rehabilitative care.

Admission will be based on medical necessity – residents will have to need the level of care the new VCCs will provide, and the new VCCs will have to be able to provide the level of care the resident needs.

How is the service/program delivered?

Residents of the new VCCs will receive a wide range of services while living at the care centers. These services will support the whole person approach as above.

- ☐ Direct resident (patient) care – medical care/activities of daily living (ADLs) in three areas: skilled nursing, Alzheimer’s/memory, and short-term rehabilitation;
- ☐ Transport to outside care, medical appointments;
- ☐ Food service – three meals/day plus special events/celebrations tailored to residents’ dietary needs;
- ☐ Environmental, housekeeping, laundry, linens, etc.;
- ☐ Therapy – physical, occupational, speech, recreational;
- ☐ Social services – care coordination, family connections;
- ☐ Pharmacy – in-house, integrated into direct care planning/delivery;
- ☐ Activities – physical/mental/spiritual. Community groups;
- ☐ Physical plant – maintenance, grounds;
- ☐ Security; and
- ☐ Financial and eligibility services.

8. How does delivering the service/program help Virginia’s veterans?

The new VCCs will serve veterans in Hampton Roads and Northern Virginia, where veteran-specific long-term residential care does not currently exist.

9. By helping the veteran, how does it help the Commonwealth?

The VCCs are symbols of Virginia’s commitment to serving those who served, and will be centers of their communities. The new VCCs will also benefit the local economies, as each will employ more than 200 people in a variety of positions.

10. What is the statutory authority for the service area/program?

Code of Virginia, §2.2-2001. *Administrative responsibilities of the Department; annual report.*

A. The Department shall be responsible to the Secretary of Veterans and Defense Affairs on behalf of the Governor for the establishment, operation, administration, and maintenance of offices and programs related to services for Virginia-domiciled veterans of the Armed Forces of the United States and their eligible spouses, orphans, and dependents. Such services shall include, but not be limited to, benefits claims processing and all medical care centers and cemeteries for veterans owned and operated by the Commonwealth

11. Where do the resources for the service area/program come from (general fund, non-general fund, donations, etc.?)

Virginia’s two current VCCs rely on facility-generate revenue for operations, as will the new VCCs. These come from non-general fund sources, including Medicaid, Medicare, U.S. Department of Veterans Affairs payments for service, and private pay. A working capital advance (WCA) has been authorized to fund start-up for the new VCCs and to sustain operations until the new VCCs reach a break-even point. This period will last from eight months prior to the first resident being admitted to an estimated 19 months afterwards, when near-full occupancy is expected.

12. How has COVID-19 impacted the delivery of services? What service adaptations have been made or are planned?

N/A at present, as new VCCs will not open until early 2022. By this point it is expected that most of the population will be vaccinated, but the new VCCs will still have to operate in an environment of increased testing, PPE (personal protective equipment) usage, and perhaps some restrictions on visitation and other operations.

13. What are the biggest challenges facing the service area/program at present?

Construction is on track at both new VCCs. Industry-wide staffing shortages in the health care industry may have an impact on when the new VCCs can open.

14. What strategic opportunities are there for the future?

The opening of Virginia's new VCCs will create a network of four VCCs serving the major population centers of Virginia: Hampton Roads, Northern Virginia, Richmond/Central Virginia, and Roanoke/Western Virginia. At this time, no additional VCCs are planned. The Puller VCC site does allow some room for a later addition, but this will be dependent on demand and funding.

15. What else do you want the Board to know about this service area?

The new VCC projects have been embraced by the local communities, and there will be much opportunity for the VCCs to be centers of community/volunteer activity once the COVID-19 pandemic eases. VDVS greatly appreciates the City of Virginia Beach, which donated 24 acres for the Jones & Cabacoy VCC site, and the partnership between Fauquier County, the Vint Hill Economic Development Authority (EDA), and Vint Hill Village LLC for donating 30 acres for the Puller VCC site.

ATTACHMENT 4

Report Transition and Employment

1. Date of Report: December 17, 2020

2. BVS POC(s):

Victor Angry

3. Service Area/Program:

Transition and Employment

4. VDVS Director/Program Manager:

Nicole Anderson-Director

Tim Bowden-VTAP Program Manager (Interim)

5. Mission of service area/program (i.e. what does it do?):

VTAP: The Virginia Transition Assistance Program (VTAP) offers transitioning service members and their spouses the best Virginia has to offer. Our mission is to assess, coordinate, and disseminate opportunities for members of the armed forces and their spouses transitioning from military to civilian life by providing a pathway to employment, education, and entrepreneurship. VTAP also provides active duty service members an opportunity to utilize the DoD Skillbridge approved Hire Vets NOW Fellowship Program, a collaboration between VTAP, the Virginia Chamber Foundation, and the Virginia Values Veterans (V3) program to provide internships for active duty service members through 25 employers as of 11/20/2020.

MMAC: The Military Medics and Corpsmen Program (MMAC) provides pathways to careers and credentialing in civilian healthcare for veterans, transitioning service members, and military spouses with healthcare-related training and experience.

An innovative and award-winning program, MMAC is changing the way healthcare hires veterans in Virginia. After medically trained service members leave the military and transition to the civilian workforce, many face the challenge of their military healthcare experience and training not translating into civilian healthcare credentials and employment. Many are now unemployed, underemployed, or not working in the healthcare field. On a daily basis, the MMAC Program staff directly address this challenge via effective and efficient operations, legislation, and healthcare regulatory approval - and ultimately veterans hired in healthcare.

As the first and only program of its type in the nation, one element that makes the MMAC program unique and effective is the MMAC-Qualified career pathway. This pathway focuses on recently discharged veterans who served as Army Medics, Navy/Coast Guard Corpsmen, or Air Force Medical Technicians. Memos of Agreement are in place with 15 major healthcare systems across the Commonwealth of Virginia. The agreements allow the non-credentialed MMAC-Qualified applicants to deliver patient care under the supervision of a physician or designated Registered Nurse. The MMAC-Qualified applicants are expected continue their medical education and obtain civilian healthcare credentials while employed at the MMAC Partner Healthcare Systems.

6. Who does the service area/program serve (i.e. who are the customers)?

VTAP: Active duty transitioning service members, veterans (less than 3 years removed from active duty) and their spouses, National Guard members, and Reservists from all service branches.

MMAC: Active duty transitioning service members, veterans, and their spouses with medical training and backgrounds. The primary target group is Army Medics, Navy Corpsmen, and Air Force Medical Technicians no longer than 12 months post-discharge.

7. How is the service/program delivered?

VTAP: Services are delivered individually to transitioning service members and their spouses, through workshops and professional development events in collaboration with military installation transition offices and regional partners, and participation within regional and statewide workgroups and committees with a military affairs focus. The current COVID-19 affected environment has prompted the VTAP program to adopt a virtual posture for rendering services.

MMAC: The MMAC Program taps a worldwide pool of Veterans and Transitioning Service Members with direct healthcare experience or those wishing to apply their military experience and education in the healthcare field. Essentially, the MMAC Program serves as a worldwide extension of a healthcare system's HR talent acquisition team.

Potential employment opportunities for MMAC Program applicants are curated by MMAC staff from the on-line career portals at the MMAC Partner Healthcare Systems and V3 healthcare employers. The applicant is matched by MMAC staff to identified job opportunities and the residential region requested by the applicant. An employment application is then submitted by the MMAC Applicant. The MMAC team then connects with the established HR point of contact at the MMAC Partner Healthcare System/V3 Employer to advocate and share the applicant's background and resume. The employers determine the hiring decisions, the scope of practice, and the education and credentialing timeline. Weekly messages are sent via Constant Contact to MMAC Applicants and Partner Healthcare System to follow up on applicant hiring status.

Total Hires In The Three MMAC Pathways Since First Veteran Hired in February 2017

- Total Hires: 269
- MMAC-Qualified: 108
- No Veteran Left Behind: 119
- Leadership: 42

Cumulative Hires as of October 1, 2020

The bottom line: Almost anywhere in the Commonwealth an MMAC Applicant would like to live or work, thanks to the MMAC Program there is likely an employment opportunity waiting.

8. How does delivering the service/program help Virginia's veterans?

MMAC/VTAP: Virginia's veterans and their families face a myriad of challenges as they make the transition from military to civilian life. Navigating the "sea of goodwill," adjusting culturally from military to civilian life, translating military skills and experience to civilian workforce demand, the perceived loss of stature and/or identity, developing professional networks, and identifying community support to address their unique situations are among them.

Over 200,000 service members and their families make the transition from military to civilian life annually. FY19 military separations data projections from the Department of Defense places the number of transitioning military in Virginia at over 21,000 service members*. Conservative estimates point to, at a minimum, a solid one-third of these service members remaining in Virginia. VTAP's and MMAC's holistic approach to providing transition assistance provides transitioning

service members clarity, a sense of direction, renewed purpose, confidence, and a strategic plan to pursue career goals and effectively manage the quality of life concerns.

By providing direct services to transitioning military, recently separated veterans, and military spouses, Virginia's veterans and their families are better educated, equipped, and empowered to pursue and achieve success as they define it. Direct services provided include conducting referrals to vetted resource and direct assistance providers, planning and executing events focused on workforce development, and building and maintaining both pre-existing and new relationships with the public and private sectors. Military installation commanders within Virginia can be assured that a port of entry into Virginia's unique suite of programs, services, and resources exists to assist military families with firmly anchoring themselves for the next leg of their life journeys. **Data provided by the Military-Civilian Transition Office of the Defense Human Resources Activity – U.S. Department of Defense*

9. By helping the veteran, how does it help the Commonwealth?

VTAP/MMAC: Both teams manage on-going efforts to increase the number of veterans connected to their earned benefits, hired by Virginia employers, credentialed or certified in high-demand industries such as healthcare, advanced manufacturing and IT. Virginia as the best destination for military families once their service to our country is complete. Gainfully employed veterans and military spouses positively impact Virginia's economy by expanding the Commonwealth's tax base, purchasing homes, participating in leisure and tourism activities, and attending community colleges and universities. Support of veteran entrepreneurs also creates additional employment opportunities for Virginia's residents.

With incidents of veteran suicide, anxiety, and depression on the rise, gainful and meaningful employment, connections to statewide, regional, and community resources to address these challenges lessen the probability of these occurrences and provides a foundation for affected veterans to move forward. These functions of VTAP and MMAC all work together to produce the effect of stabilizing military families, strengthening the communities in which they live, and increasing the safety and prosperity of all Virginia residents.

With VTAP and MMAC's ability to provide direct referrals of employment-ready veterans to employers, facilitate free recruitment events, and market employment vacancies in all regions of the state, Virginia's employers reduce recruiting costs and commit resources to develop their employees and growing their businesses.

MMAC: The unique and measurable aspect of the MMAC Program is that it not only keeps veterans in Virginia but it draws veterans and transitioning service members from across the globe to come to live and work in the Commonwealth. No other state in the nation offers Medics and Corpsmen the opportunity to temporarily waive the civilian healthcare credentials required for employment while in school to receive those credentials. The veterans hired in healthcare via MMAC directly contribute to the state and local tax base, economy, and community as a whole.

The MMAC Program has actively developed new relationships with major hospital systems to provide an additional solution to their staffing needs. The MMAC Program fosters a new awareness and appreciation of veterans and what they offer the healthcare workplace. It has established a positive reputation, strong public-private relationships, and tangible employment results. These

current and future outcomes are built on a solid foundation of relationships, responsiveness, and robust veteran and healthcare employer support.

Each MMAC Applicant hired is estimated to generate at least:

State: \$2,275 in state tax revenue

State/Local: \$457 in sales tax revenue

Local: \$1,928 in local tax revenue

Total: \$4,660

Data Source: JLARC 2018 Report: "Virginia Compared to Other States"

MMAC Healthcare Systems: \$4,129 in savings (cost avoidance) in recruitment costs per hire.

Reduction in cost to healthcare partners based on data from 232 MMAC hires. Healthcare partners noted that partnering with MMAC had reduced their hiring cycle time/costs by 50%.

10. What is the statutory authority for the service area/program?

VTAP: VDVS proposals for the 2021 Virginia state legislative sessions support the inclusion of VTAP within the Virginia Values Veterans (V3) program. The V3 program's statutory authority is derived from the Code of Virginia, under § 2.2-2001.2. *Initiatives to reduce unemployment among veterans.* VDVS is proposing to amend this statute with Draft Bill DVS-4, VDVS Services for Transitioning Service Members, Veterans, and Families:

"D. The Department shall develop a comprehensive program to reduce unemployment among veterans by assisting military service members and veterans, and their spouses, in making a successful transition from the military to civilian life in Virginia. Such a program shall assist military service members, veterans, and spouses with civilian employment skills and connections to Virginia education and employment opportunities. The program shall promote strategies and services for connecting transitioning service members, veterans, and spouses to resources in Virginia, to include (i) skills and workforce assessments; (ii) connections to local, regional, state, or federal employment resources; and (iii) a process for employers for hiring transitioning service members, veterans, and spouses through internship and apprenticeship programs."

MMAC: Code of Virginia § 2.2-2001.4. C. *"Military medical personnel may practice and perform certain delegated acts that constitute the practice of medicine or nursing under the supervision of a physician or podiatrist, a Chief Medical Officer/Director or their designee who holds an active, unrestricted license in Virginia. Such activities shall reflect the level of training and experience of the military medical personnel. The supervising physician or podiatrist shall retain responsibility for the care of the patient."*

11. Where do the resources for the service area/program come from (general fund, non-general fund, donations, etc.?)

VTAP/MMAC: General Funds, appropriated for the Veterans Education, Training, and Employment (VETE) directorate, provides all funding for costs related to VTAP and MMAC and their respective staff.

12. How has COVID-19 impacted the delivery of services? What service adaptations have been made or are planned?

VTAP: Prior to COVID-19, VTAP's Regional Transition Coordinators maintained a physical presence on Virginia's major military installations, throughout the state, and with regional partners to deliver workshops, presentations, and peer-to-peer support to active duty service members and military spouses. Social media and email campaigns supported our outreach efforts and provided additional mediums for maintaining relationships, following up with VTAP clients, and marketing events hosted by VTAP and our regional collaborators. In the current environment, COVID-19 has

all but eliminated in-person collaborations and service delivery. Although this trend has started to abate, the ability to directly address large audiences of active duty service members, access to military installation events, and collaborations with regional partners at their locations have been negatively impacted.

These outreach efforts served as the primary catalysts for generating inquiries into VTAP and VDVS programs targeting retiring and separating service members. Military transition assistance programs, pre-separation briefings, and Capstone events have adopted virtual formats to provide their services, the vast majority of military installations have curbed access for non-essential personnel, and regional partners have been slow to regain facility capacity and public access levels in existence prior to the COVID-19 pandemic.

VTAP has adapted to COVID-19 protections by adopting virtual delivery mechanisms for its office hours previously held on military installations, VDVS presentations, and workforce development workshops hosted alongside regional partners. VTAP is also focusing additional efforts on maintaining existing relationships with military installations and regional partners via phone, email, and social media, and leveraging existing relationships to develop new relationships with organizations in the military transition, employment, and family support space. Collaborative efforts are underway between VTAP and the VETE directorate's communication team to develop marketing strategies for spreading awareness of VDVS service lines and VTAP. VTAP is also actively pursuing partnerships with the Virginia Department of Human Resource Management (DHRM) and the United States Office of Personnel Management (OPM) to develop additional pipelines of military talent into those organizations. The prestige and abundance of opportunities represented by these organizations will serve as additional avenues of employment for the military community and generate activity within VTAP.

MMAC: In general, the core daily functions and operations of the MMAC Program have not been substantially impacted by the COVID-19 Pandemic. In fact, this crisis has been the catalyst for new partnerships and veteran employment opportunities. In the initial phase of the outbreak, as a cost-cutting move most healthcare systems froze hiring, and laid off or reassigned staff. This negatively impacted our hiring numbers and communication with hospital talent acquisition and clinical staff. MMAC is seeing a gradual change in this trend. However, presentations, meetings and client/hospital face-to-face interaction moved to a virtual format.

The MMAC Information Brief Series started at Norfolk Naval Base and Fort Belvoir, as well as one planned for Fort Bragg have been temporality suspended. MMAC is exploring the delivery of the briefings on a virtual platform. MMAC staff and MMAC Partner Healthcare Systems are participating in the US Chamber Foundation/VDVS virtual "Hire Vets Now" hiring events.

13. What are the biggest challenges facing the service area/program at present?

VTAP: Disruptions to the flow of inquiries into VTAP due to military installation restrictions, current staffing levels of VTAP, and state budget shortfalls are the biggest challenges facing VTAP. We are working internally and with the Secretary to address staffing concerns. We are also currently seeking legislative adjustments to the V3 code that will codify the VTAP services and provide clear operating areas between VDVS and the VEC. Commissioner Hess and Commissioner Maxwell are nearing completion of the legislative adjustments, however support during the next legislative session would provide another layer of stability to the program.

MMAC: The MMAC team of three must maintain relationships as well as educate clinical and HR/Talent Acquisition (TA) staff at over 15 major health systems and employers in the

Commonwealth of Virginia who collectively have over 100,000 employees. The MMAC team is tasked with educating the clinical and non-clinical staff regarding what the candidates can do and where they fit into their hospitals and physician offices.

Though the team has been very successful at building and maintaining those relationships, it remains difficult to convey MMAC information on a large and effective scale across the major health systems and to those who need the information most, such as registered nurses and physicians.

The MMAC team typically works with TA personnel and at times clinical personnel. Maintaining those relationships can be difficult as TA Points of Contact (POCs) frequently change and few have a succession plan for maintaining relationship continuity.

When an MMAC TA or clinical POC is changed, a new POC may or may not be chosen by the health system. Additionally, if a new person has been designated the “MMAC POC”, they may have very little information about the MMAC Program and will have to be briefed and trained on how the program works, regulatory approvals, and the processes and responsibilities inherent in the partnership.

14. What strategic opportunities are there for the future?

VTAP: Official partnerships with military transition offices through the U.S. Department of Labor, Virginia DHRM, OPM, and the Virginia Employment Commission represent strategic opportunities for the future of VTAP. The incorporation of initiatives targeting skilled trades, veteran employment in Southwest Virginia, wind energy, and resilience industry careers present additional opportunities for VTAP’s strategic growth. VTAP revised its original Virtual Office Hours format, which debuted in May 2020 and provided a more intimate setting for transitioning service members to voice their concerns and receive individualized assistance. The current iteration of this service is the Military Employment Spotlight, a virtual collaboration between the USO Pathfinder Program, VTAP, and a featured V3 certified employer. The average attendance of Military Employment Spotlight events is more than triple what they were for the Virtual Office Hours. The continuation of and growth of this event will also factor into VTAP’s strategic growth.

MMAC: Two key strategic opportunities are proposed for the current session of the Virginia General Assembly. DVS-1 would expand the types of healthcare facilities allowed to participate in MMAC and enter into an MMAC MOA to become an MMAC Partner Healthcare System.

A larger pool of MMAC Partner Healthcare Systems offers a wider range of veteran employment opportunities and augments healthcare staffing in a greater number and type of healthcare facilities. This is especially helpful with the DVS/MMAC/healthcare system response to the COVID-19 Pandemic.

The current language only allows MMAC MOA with hospitals, physician practices that are Professional Corporations, and workplace health facilities with physician supervision. With this change the program could expand the MMAC Program to Urgent Care Centers, Dialysis Centers, specialty surgical practices, and non-profit community clinics. This change would also expand the number of available employment locations where the MMAC applicant lives or may potentially wish to reside.

This legislation would help boost employment among veterans, generate tax revenue, and offset healthcare staffing costs, all while supporting healthcare staffing needs throughout the Commonwealth.

DVS-2 would create additional pathways to employment for former military medical personnel. Not everyone who applies to be part of the MMAC program meets the legislative and regulatory requirements to be considered “MMAC-Qualified” and practice advanced clinical skills without civilian credentials. This proposal would permit DVS to help all veterans who apply to the MMAC program find pathways to employment in the Virginia healthcare sector regardless of their backgrounds or experience. The proposed legislation will more fully utilize the relationships and network of healthcare employers that the MMAC program has built over the past four years.

15. What else do you want the Board to know about this service area?

VTAP: VTAP continues to provide exemplary transition and workforce development services, meaningful referrals to vetted resource providers for direct assistance, and connections to V3 certified employers despite current challenges and limitations. VTAP’s Regional Transition Coordinators have maintained their relationships with military installations and regional partners established prior to the COVID-19 pandemic, has expanded its presence in Northern Virginia at Fort Belvoir, and has fielded an increase in inquiries from employers seeking military talent to fill job vacancies.

As of the writing of this report, the average salary reported by VTAP clients is \$84,639.00 for FY21. The three VTAP Regional Coordinators carry current career services, resume writing, and higher education credentials to lend credibility and expertise to the services we provide. For FY20, this small but mighty force reached over 109,000 transitioning military, veterans, and military spouses through outreach and the Transition Connection newsletter, hosted or co-hosted 221 events, conducted 149 visits to military installations, and provided a combined 2,433 responses to inquiries and direct services. VTAP services include career coaching, HVNFP consultation, assistance in locating job opportunities, locating opportunities for credentialing and education programs, referrals to employers, referrals to vetted resource partners to provide direct services, and résumé writing. We provide these services as veterans, members of military families, proud citizens of Virginia, and staunch advocates for our military families.

MMAC: The MMAC Program exemplifies effective legislation that resulted in productive and proactive public-private partnerships. MMAC leads the nation with an innovative and effective approach to addressing two key issues facing the Commonwealth and our country: veteran employment and healthcare staffing shortages.

The program is an example of the successful collaboration of state, local, and federal government agencies, non-profit healthcare associations, Veteran Service Organizations and major healthcare systems. Multiple committed individuals and organizations throughout the Commonwealth work together as a team to serve our citizens, employers, and especially those who served our country. The quote below from an MMAC Applicant says it best. The VTAP team also receives similar messages on a regular basis from their clients. The quote succinctly illustrates our joint mission and collaboration, and the successful execution of our shared goals.

ATTACHMENT 5

Justice Involved Veterans

Date of Report: November 23, 2020

2. BVS POC: Paige Cherry

3. Service Area/Program: Justice Involved Services/Justice Involved Veterans

4. VDVS Director/Program Manager: Donna Harrison

5. Mission of service area/program:

The VVFS Justice Involved Services (JIS) program provides services and resource connections for justice-involved veterans across the continuum of the criminal justice system from diversion to incarceration to re-entry and community supervision. Each VVFS region has a Veteran Justice Specialist (VJS) that assists justice-involved veterans with connections to housing, employment, benefits, and other community resources.

6. Who does the service area/program serve (i.e. who are the customers)?

Veterans involved in veteran treatment court dockets, incarcerated in jail or prison, and on community supervision (probation and/or parole).

7. How is the service/program delivered?

VVFS Justice Involved Services (JIS) program offers resource connections, care coordination, and support to Virginia's veterans and service members across the diversion, incarceration and reentry continuum of the criminal justice system. The JIS program receives referrals from veterans, families, criminal justice staff, and various community providers. Referrals are received in-person and via a formalized referral process. The JIS program also receives referral through an electronic mailbox. The CJ Director monitors the mailbox and assigns the veteran to the appropriate VVFS Veteran Justice Specialists (VJS) in each VVFS region. The VJS conducts an intake appointment with the veteran either in-person (prior to COVID-19) or by phone.

During the intake process, the VJS conducts a needs assessment (pre-release if incarcerated). The JIS comprehensive needs assessment identifies areas of need the veteran/service member may be experiencing related to behavioral healthcare, rehabilitative support, employment, education, benefits, peer support, and housing. The VVFS Veteran Justice Specialist (VJS) assigned provides direct support and assistance to the veteran/service member with linkage to resources in the community designed to address those needs.

Case example: The West Region VJS assisted a veteran released from home confinement on federal charges. The veteran secured a job as an HVAC technician, but was later fired with the employer citing poor job performance. The VJS connected the veteran with the Virginia Employment Commission and other community partners on the Blue Ridge Re-entry Council. A few weeks later, the veteran was employed with another company. The VJS is still assisting the veteran with permanent housing due to his barriers related to his criminal offense (sex offense) and lack of housing resources due to the COVID-19 pandemic.

8. How does delivering the service/program help Virginia's veterans?

Providing justice-involved veterans with connections to community resources assists in addressing their needs and helps ensure their successful reintegration in the community. It also could serve to prevent the veteran's future involvement in the criminal justice system. The VVFS VJS connect veterans and families to resources and support to promote emotional and physical wellness. In addition, the VVFS VJS work with a network of community providers to prevent suicide among veterans.

9. By helping the veteran, how does it help the Commonwealth?

Connecting justice-involved veterans to housing, employment, treatment, benefits, and other community resources can prevent recidivism and promote public safety.

10. What is the statutory authority for the service area/program? N/A

11. Where do the resources for the service area/program come from (general fund, non-general fund, donations, etc.)?

The JIS program is a core component of the VVFS program and is funded through the VVFS general fund budget.

12. How has COVID-19 impacted the delivery of services? What service adaptations have been made or planned?

Incarcerated veterans outreach-Due to COVID-19 restrictions, VADOC has suspended all in-person visits for individuals in state prisons. For incarcerated veterans in state prisons (VADOC), the VVFS VJS staff have been conducting intake appointments via phone for needs assessments and re-entry planning. VADOC facility counselors are still available for service coordination and re-entry planning. Phone appointments are coordinated through the VADOC facility counselors.

Intake phone appointments have been more difficult for veterans incarcerated in local and regional jails due to the lack of staff available in the local jails. Most local jails do not have counselors or discharge planning staff to assist with re-entry efforts.

Early releases due to COVID-19 from VADOC facilities have been challenging due to the short timeframe for re-entry preparation. The VADOC Veteran Program Manager and VADOC counselors have been alerting the VDVS Criminal Justice Director of upcoming veteran releases from VADOC facilities, when possible.

There has been little to no notice from local jails regarding early releases due to COVID-19.

Outreach has been conducted to the jails by providing JIS program information to the Virginia Sheriffs' Association's list serv. The VVFS VJS have also maintained virtual contact with their jail staff contacts about the JIS program and referral process.

C&P exams for incarcerated veterans- C&P exams for incarcerated veterans in VADOC facilities have been suspended due to COVID-19 restrictions. One VA-contracted vendor conducted virtual C&P exams for psych exams only. The CJ Director continues to monitor the C&P exam process and receive C&P exam requests. C&P exam requests are sent to VADOC for future coordination and scheduling. The CJ Director is tracking on all pending C&P exams for incarcerated veterans in VADOC.

13. What are the biggest challenges facing the service area/program at present?

- ❖ **Housing** continues to be the biggest barrier for this population due to criminal history and lack of financial resources. This need has been exacerbated due to the COVID-19 pandemic and the lack of housing resources in the community. Housing is the number one service request for the JIS program.
- ❖ Recently released individuals from jail and prison continue to have challenges **securing IDs** for housing, employment, and benefits/financial assistance due to DMV shutdowns and limited in-person hours.
- ❖ **Re-entry** for veterans being released from incarceration has been especially challenging due to the lack of housing options, program closures, and limited availability of resources.
- ❖ **Local and regional jail discharge planning gaps and veteran identification.** In response to the COVID-19 pandemic, as of 4/17/2020 local jail populations have been reduced by 17%. Jails continue to struggle with discharge planning due to limited reentry staff. Most referrals received from the jails are self-referrals from veterans recently released who normally need connections to housing, benefits, and employment. This will continue to be an issue as the efforts to release more individuals from local jails increases due to the COVID-19 pandemic. Local jails also have issues with **veteran identification**.
- ❖ **VADOC parole grant cases and COVID-19 early release initiatives** have led to increased referrals to VVFS. There are concerns that this could potentially lead to higher caseloads for the VVFS VJS staff. Due to the Governor's recent legislation regarding good time earning credits on sentences, certain individuals in VADOC will be released earlier. These early releases could also lead to potential caseload increases for VVFS staff.

14. What strategic opportunities are there for the future?

VVFS is aware of the challenges facing justice-involved veterans and continues to work collaboratively with local, state, and federal agency partners to address housing issues for justice-involved veterans. The VVFS VJS staff engage with local partners to coordinate housing services and/or use program housing funds to assist justice-involved veterans in certain situations. The program collaborates with the VA Justice Outreach program staff to increase the usage of the VA's *Veterans Reentry Search Services (VRSS)* system in local and regional jails. The VRSS system assists criminal justice staff with identifying veterans in their system. The program will continue to train local jails on using the VRSS system in order to increase veteran identification. Veteran identification in local jails will provide future opportunities for service coordination and resource connection for incarcerated veterans.

15. What else do you want the Board to know about this service area?

The VVFS VJS staff and the CJ Director participate in the Veterans with Special Needs workgroups. This special population has extraordinary barriers to housing and services. The combination of medical and mental health needs with a criminal history presents an additional barrier to housing. These veterans normally need assisted living or nursing level of care. There are currently two workgroups in place to help address discharge-planning issues for veterans with special needs. One workgroup is a case-planning group and consists of the VVFS VJS, VA Healthcare for Reentry Veterans Prison Reentry Specialists, and the VADOC Community Re-entry Specialists. The second workgroup is a management level group to address larger system issues and is comprised of members from local, state, and federal agencies.

Statewide collaborative quarterly virtual meetings are being conducted between the VA Justice Outreach staff and the VVFS VJS staff. The purpose of these meetings is to provide an opportunity to connect across regions and discuss program updates. This meeting is also used as a forum to discuss current barriers and challenges with justice-involved veterans. The group also shares best practices and solutions to barriers.

ATTACHMENT 6

Rural Veterans

1. Date of Report: 17 December 2020
2. BVS POC(s): John Lesinski
3. Service Area/Program: Virginia Department of Veterans Services VVFS and Rural Veterans
4. VDVS Director/Program Manager: Leanna Craig
5. Mission of service area/program (i.e. what does it do?):

The Virginia Veteran and Family Support Program (VVFS) is operated by the Virginia Department of Veterans Services and provides OUTREACH, CONNECTION and SUPPORT to veterans and their families as they address the challenges of military service, transition, deployments, Post Traumatic Stress and other behavioral health concerns as well as Traumatic Brain Injuries and other physical injuries. These services are often more acutely needed and more difficult to provide in rural Virginia.

SERVICES WE PROVIDE: Referral and connection services are coordinated with Community Services Boards, brain injury service providers, VA medical facilities and other public and private agencies. Additionally, VVFS provides direct support via personalized care coordination, peer to peer mentoring, caregiver skill building and support groups. . VVSF was established in 2008 in response to the growing need to improve and expand services to our nation's veterans and their family members whose lives have been touched by stress-related injuries or traumatic brain injury. Virginia Veteran and Family Support was re-branded on October 1, 2015 and was formerly known as Virginia Wounded Warrior Program.

6. Who does the service area/program serve (i.e. who are the customers)?

Our statewide program serves veterans of any era (regardless of discharge status) who are Virginia residents; members of the Virginia National Guard and Armed Forces Reserves not in active federal service; and family members and caregivers of those veterans and service members. We work hard to provide a "no wrong door approach" meaning if we can't provide that service within our program we'll do our best to connect them to a resource/provider that can.

This is especially critical and challenging in rural areas where resources and providers can be fewer and farther apart. Rural areas are often "veteran rich" but lack the density of services found in urban areas.

7. How is the service/program delivered?

Service is delivered throughout the state, divided into 4 regions. Virginia veteran rural populations are clustered in Southside, Southwest and the Shenandoah Valley. We have programming such as Healthy Families, Healthy Relationships, Veteran Peer Services, Justice Involved services and Resource Specialists that provide comprehensive assessments of the Service Member, Veteran and Family (SMVF) need. We also do behavior health suicide screening within this. From there, depending on the needs assessed and identified we provide internal services (peer groups, care coordination, resource connection) as well as hands on connections with VA's, Community Services Boards, Private Providers and many others for behavioral health and rehabilitative needs.

8. How does delivering the service/program help Virginia's veterans?

We work hard to meet the client/customer "where they are" by traveling to communities when transportation isn't available and providing itinerant sites throughout the communities and counties in rural areas. Delivering these services assists Virginia's veterans by providing resources, services and benefits they were not aware of. It also assists by bridging barriers and gaps in services and providing a smooth avenue around many federal, state and local systems. This prevents isolation for vets and combats behavioral health issues compounded by feeling alone.

9. By helping the veteran, how does it help the Commonwealth?

By helping the veteran it helps the Commonwealth by continuing to ensure Virginia is a veteran friendly state and provides comprehensive and wrap around services for those residing in Virginia, despite whether in rural, suburban, or urban locations.

10. What is the statutory authority for the service area/program?

Virginia Veteran and Family Support is a legislatively mandated program operated by the Virginia Department of Veterans Services. The Secretary of Veterans and Defense Affairs oversees the Virginia Department of Veteran Services.

11. Where do the resources for the service area/program come from (general fund, non-general fund, donations, etc.?)

The Virginia Veterans Services Foundation is an independent agency of the Commonwealth supporting the interests of veterans and their families through the Secretary of Veterans and Defense Affairs and is governed by an appointed Board of Trustees. The Virginia Veterans Services Foundation provides *supplemental funding* when state and federal resources are not available.

12. How has COVID-19 impacted the delivery of services? What service adaptations have been made or are planned?

COVID initially impacted service delivery by going from a full office and community presence to 100% virtual model. COVID as we know came quickly in Virginia and VVFS was able to

transition to this posture without stopping services. That being said, we have worked very hard since then with several committees and strategy planning to assist veterans "where they are" which is an important aspect of the services we provided. We have adapted to a more virtual environment where possible, utilized the VA and community partners for resource collaboration during COVID 19 and have transitioned back to a hybrid model where we can see veterans in offices when needed as well as extenuating circumstances with proper protocol and policies in place.

13. What are the biggest challenges facing the service area/program at present?

In many rural areas there is limited broadband access that directly impacts the ability to seamlessly work in a virtual environment. VVFS has continued to provide very important in person services. The lack of technology in rural areas not only effects clients/customers but VVFS staff as well, when they are in a telework environment. Continuing to adapt to the COVID situation, the inability to continue community partnerships in a face to face setting, while we are making virtual work, there is an adaptability piece for this. Some veterans are not comfortable with virtual and some touchpoints are harder to make when you aren't in the community and collaborating with partners on a more frequent basis.

14. What strategic opportunities are there for the future?

We will work to broaden accessibility throughout the state in rural areas and bridge gaps in many of these services by continuously working with community partners at the federal, state and local levels. The continuance of strategy planning around a virtual environment, growing our resource pool for those providing services for behavioral health/rehabilitative and continuously receiving partner updates on these for cross systems referrals. Continually strategy planning ways to reach those in the community that might not reach out to us first.

15. What else do you want the Board to know about this service area?

We have been extremely successful in training Community Service Board (CSB) staff and other providers in Military Cultural Competency (MCC) virtually. We have trained over 1300 individuals since March 2020 as part of the Governor's Challenge for Suicide Prevention for Service Members, Veterans, and Family Members (SMVF). This training helps other providers be "force extenders" in connecting veterans to behavioral health and other needed services.

Oftentimes the work we do in VVFS around behavioral health and rehabilitative services can be complex. We are a touchpoint and ongoing support for the veteran in a very complex world of multiple resources at the federal, state and local level. It's hard to capture all we do, or what it might take to see successful outcomes, we try to bridge any gap and barrier to services and work endlessly to ensure connection needs are met. We greatly appreciate the support of the Commonwealth and Leadership for the continuous belief in our program.

ATTACHMENT 7

BVS POC REPORT – STRATEGIC PLANNING

1. Date of Report: December 17, 2020
2. BVS POC(s): Michael Dick
3. Service Area/Program: Strategic Planning
4. VDVS Director/Program Manager: Commissioner John Maxwell, Chief Deputy Commissioner Steven Combs, Director of Policy & Planning Claudia Flores
5. Mission of service area/program (i.e. what does it do?):

The Virginia Department of Veterans Services (VDVS) Strategic Plan serves as the roadmap to organize, focus, and guide agency efforts towards a unified vision. It lays out the agency's mission, with goals that define where it is going, objectives to guide it along the way, and measures that chart the agency's progress in achieving its goals.

The Compact with Virginia's Veterans has the goal of making Virginia America's most veteran-friendly state.

The Board of Veterans Services (BVS) is charged with two specific duties in these areas:

- [§ 2.2-2454. Powers and duties of Board.](#) *The Board shall have the power and duty to:*
 7. Review and advise the Commissioner of the Department of Veterans Services on the Department's strategic plan
- [§ 2.2-2004. Additional powers and duties of Commissioner.](#) *The Commissioner shall have the following powers and duties related to veterans services:*

Establish and implement a compact with Virginia's veterans, which shall have a goal of making Virginia America's most veteran-friendly state. The compact shall be established in conjunction with the Board of Veterans Services and supported by the Joint Leadership Council of Veterans Service Organizations and shall (i) include specific provisions for technology advances, workforce development, outreach, quality of life enhancement, and other services for veterans and (ii) provide service standards and goals to be attained for each specific provision in clause (i). The provisions of the compact shall be reviewed and updated annually. The Commissioner shall include in the annual report required by this section the progress of veterans services established in the compact.

6. Who does the service area/program serve (i.e. who are the customers)?

The VDVS Strategic Plan and the Compact with Virginia's Veterans serves external and

internal stakeholders. These include, but are not limited to:

- Veterans and their families;
- VDVS team members;
- Boards (BVS, JLC, VSF, VWMF);
- The Governor and Secretary of Veterans and Defense Affairs;
- Members of the Virginia General Assembly; and
- Partner agencies.

7. How is the service/program delivered?

Typically, agency strategic plans are reviewed and updated on an annual basis. VDVS Commissioner Maxwell has been leading a multi-month review/update of the VDVS Strategic Plan with VDVS employees.

Likewise, the Compact with Virginia's Veterans is reviewed and updated annually.

In 2021, the BVS will work with VDVS to review the draft VDVS Strategic Plan and the annual update to the Compact with Virginia's Veterans. Guidance on when/where/how this will happen will be forthcoming.

In broad strokes, this work will be done:

- Individually – by Board member POCs working with VDVS;
- In work/small groups – formed as needed to address broader initiatives or to facilitate discussion;
- As a full Board – at our April, June, and August meetings.

Our target is to have all work completed by August, but earlier if possible. If additional budget resources will be required to launch a new program/service or strengthen an existing program/service, then the Board's work must definitely be completed by August, so that VDVS may turn the Board's proposals into budget decision packages that will be submitted for consideration as part of the Governor's 2022-2024 biennial budget proposal.

8. How does delivering the service/program help Virginia's veterans?

As noted above, the VDVS Strategic Plan serves as the roadmap to organize, focus, and guide agency efforts towards a unified vision. It lays out the agency's mission, with goals that define where it is going, objectives to guide it along the way, and measures that chart the agency's progress in achieving its goals.

The Compact with Virginia's Veterans has the goal of making Virginia America's most veteran-friendly state.

An effective strategic plan and a well-founded Compact will help ensure Virginia is the most veteran-friendly state in the Nation.

9. By helping the veteran, how does it help the Commonwealth?

Veterans are an amazing resource – in our communities, in the workplace, and at our schools.

They bring a drive to excel, a commitment to excellence, and a sense of pride and honor to all they do. Effective state veterans programs help them unlock their potential, which helps Virginia.

10. What is the statutory authority for the service area/program?

§ [2.2-2454. Powers and duties of Board](#). *The Board shall have the power and duty to:*

Review and advise the Commissioner of the Department of Veterans Services on the Department's strategic plan

§ [2.2-2004. Additional powers and duties of Commissioner](#). *The Commissioner shall have the following powers and duties related to veterans services:*

Establish and implement a compact with Virginia's veterans, which shall have a goal of making Virginia America's most veteran-friendly state. The compact shall be established in conjunction with the Board of Veterans Services and supported by the Joint Leadership Council of Veterans Service Organizations and shall (i) include specific provisions for technology advances, workforce development, outreach, quality of life enhancement, and other services for veterans and (ii) provide service standards and goals to be attained for each specific provision in clause (i). The provisions of the compact shall be reviewed and updated annually. The Commissioner shall include in the annual report required by this section the progress of veterans services established in the compact.

11. Where do the resources for the service area/program come from (general fund, non-general fund, donations, etc.?)

There are no specific funding sources for strategic planning or for the annual update of the Compact.

12. How has COVID-19 impacted the delivery of services? What service adaptations have been made or are planned?

COVID-19 has not had a significant impact on VDVS strategic planning efforts.

13. What are the biggest challenges facing the service area/program at present?

N/A

14. What strategic opportunities are there for the future?

The work by the BVS on the VDVS Strategic Plan and the Compact represent significant opportunities for the Board members to help chart the course of state veterans programs and

services.

15. What else do you want the Board to know about this service area?

A thorough review and real strategic input into the VDVS Strategic Plan and the Compact will require the engagement, expertise, and commitment of all Board members.